L09000080408

(Requestor's Name)
(Address)
. (Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
ANASSEE FLOBINA

J. BRYAN

AUG 2 0 2009

EXAMINER

COVER LETTER

_	ation Section n of Corporations			
SUBJECT: B	ayshore Title Insurar (Name of Resultin	nce Agency, LLC) +	
convert an "Oth	ertificate of Conversion, Aner Business Entity" into a in s. 608.439, F.S.			,
Please return al	l correspondence concerni	ing this matter to:		
Bruce M. Tigert				
	(Contact Person)		Po	00
Bayshrore Title			ECR	₽ .
(Firm/Company)			¥ H	ह
3431 Henderson	Blvd.		ARY (SSI	09 AUG 19 AM 11: 49
	(Address)		EF.O.	=
			FL	
Tampa, FL 3360	· - · · · · · · · · · · · · · · · · · ·		RA	F
	(City, State and Zip Code))	5m	9
For further info	rmation concerning this m	natter, please call:		
James T. Hollow	ay	at (813) 878-	0066	
(Name of	Contact Person)	(Area Code and D	aytime Telephone Number)	
Enclosed is a cl	neck for the following amo	ount:		
\$150.00 Filing (\$25 for Conversion & \$125 for Article of Organization)	n and Certificate of	\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		MAILING A Registration Division of C P. O. Box 63 Tallahassee.	Section Corporations 27	

Tallahassee, FL 32301

Certificate of Conversion For

"Other Business Entity"

Into Florida Limited Liability Company



This Certificate of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: Bayshore Title Insurance Agency, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation
(Enter entity type. Example: corporation, limited partnership,
general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)
on 03/06/2008 .
(Enter date "Other Business Entity" was first organized, formed or incorporated)
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Bayshore Title Insurance Agency, LLC
(Enter Name of Florida Limited Liability Company)
5. If not effective on the date of filing, enter the effective date: 09/01/2009 (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the
effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

Signed this 17th day of August	20 09 .				
Signature of Member or Authorized Represents	rtive of Limited Liability Company:				
Signature of Member or Authorized Representative Printed Name: Bruce M. Tigert	Title: Manager				
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).]				
Signature: Printed Name Bruce M. Tigert	Title: President				
Signature: 1 Holloway Printed Name: James T. Holloway	Title: Secretary				
Signature:Printed Name:	Title:				
Signature: Printed Name:	Title:				
Signature:Printed Name:	Title:				
Signature:Printed Name:	_ Title:				
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.					
If Florida General Partnership or Limited Liability Signature of one General Partner.	y Partnership: SECR A				
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	SER PY				
All others: Signature of an authorized person.	AMII: 49 OF STATE FLORIDA				
Fees:					
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

"LLC.")	, , ,	the abbreviation "L.L.C.," or the desi	gnation	
ARTICLE II - A The mailing addre Liability Company	ess and street address of the	he principal office of the Lir	nited	
Principal Office	•	Mailing Address:		
3431 Henderson Blvd. Tampa, FL 33609		3431 Henderson Blvd. Tampa, FL 33609		
ndividual or another business entity with an	active Florida registration.) Florida street address of Bruce M. Tigert 3431 Henderson Blvd. Florida street address (Registered Agent. You must designat the registered agent are: Name P.O. Box NOT acceptable)	09 AUG 19 AMII: 49 SECRETARY OF STATE TABLAHASSEE, FLORIDA	
	Tampa City,	FL 33609 State, and Zip	_	
above stated limi hereby accept capacity. I furth the proper and	ted liability company at the t the appointment as regis er agree to comply with the complete performance of t	nd to accept service of proce. The place designated in this centered agent and agree to act The provisions of all statutes re The provisions and I am familiar to The provided agent as provided The process and I as provided The process accepts a provided accepts a provided a process	rtificate, I in this elating to with and	

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Bruce M. Tigert 3431 Henderson Blvd. Tampa, FL 33609
MGR	Cynthia A. Tigert 3431 Henderson Blvd. Tampa, FL 33609
ARTICLE V: Effective date, if other than the of the effective date: 1) cannot be prior to no	(OPTIONAL)
document is filed by the Florida Departmen the effective date listed in the attached Ce date is listed therein.) REQUIRED SIGNATURE:	t of State; AND 2) must be the same as
Signature of a member or an author (In accordance with section 608.40 of this document constitutes an affi	D8(3), Florida Statutes, the execution rmation under the penalties of perjury ed herein are true.)
Bruce M. Tigert Typed or printe	ed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2